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Lecturer on Genito-Urinary Surgery and Venereal Diseases, Missouri Medical College; Consulting Genito-Urinary Surgeon to the Baptist Sanitarium; Consultant in Genito-Urinary Surgery to the Missouri Pacific Hospital, the City Hospital, the Female Hospital, and to St. Mary's Infirmary, Saint Louis; member of the American Association of Genito-Urinary Surgeons; the National Association of Railway Surgeons, etc.



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## Asthenopia—Eye Strain.


BY J. ELLIS JENNINGS, M. D.,

ST. LOUIS.

Late Clinical Assistant Royal London Ophthalmic Hospital; One of the Ophthalmic and Aural Surgeons to the St. Louis Mullanphy Hospital.



**Read before the St. Charles County Medical Society, August 21, 1894.**


VERY frequently patients come to us complaining of pain about the eyes, headache or neuralgia. They try to describe the dull, steady ache or the sharp piercing pain, as though a pointed instrument was being forced into the head. They tell us that when these attacks come on, mental exertion is impossible, and that any attempt at close work is followed by an increase of the symptoms and by various reflex phenomena, such as drowsiness, dizziness, nausea and vomiting. There is a great desire for rest, for quiet, and the patient finds most relief by going to bed in a darkened room and applying cold cloths to the head every few minutes. After lasting a half a day or longer, the pain gradually subsides, and in a


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short time the patient is able to go about his usual duties. If these patients are examined we find no definite lesion; the tongue is clean, the pulse is normal, the appetite is good and the bowels are regular. What then can be the cause of these periodical attacks of headache or neuralgia? Is it malaria or an inherited predisposition? All sorts of treatment have been tried, but with little avail. Quinine, nerve tonics, rest and diet relieve, but do not cure. At intervals we have a return of the ache, the pain, until in despair, our patient eagerly snatches at the hope of relief held out by the quack or falls a victim to the various so-called headache cures.

These cases are familiar to us all. Our patients, our friends, the members of the home circle, complain; and, indeed, sometimes we feel far worse than those who expect attention and sympathy at our hands. We see so much of this sort of thing, that when consulted, we are very apt to make light of the trouble and to put it down as incurable, or as an inherited or constitutional peculiarity.

But it is the purpose of this paper to show that *nearly ninety per cent of all headaches, migraines, neuralgias and neurasthenias are but symptoms of asthenopia or eye-strain.*

In order to make the subject clear it will be necessary to refer briefly to the subject of refraction and to the mechanism of accommodation. As most cases of asthenopia are found among hyperopic or far-sighted people, it will be sufficient for our purpose to study the hyperopic eye. Parallel rays of light (rays coming from a distance of more than twenty feet) enter the normal eye and are refracted by the lens so that the image is focused upon the retina without any effort of accommodation. Now a far-sighted or hypertrophic eye is shorter than the normal eye, hence the rays do not come to a focus upon the retina, but behind it, and we have a blurred image. In order to make the image clear, the ciliary muscle, which surrounds the lens, contracts and the lens becomes of a stronger focus, so that the image now falls upon the retina. It is, therefore, evident that whereas a normal eye is at rest while looking at distant objects, the far-sighted eye is always using a certain amount of accommodation, and is handicapped, as it were. But this strain is of little moment when compared to what it is when near work is attempted. Then the far-sighted eye is under double pressure; there is less force in reserve and the ciliary muscle is taxed to its utmost to allow of near vision. You all know what fatigue is caused by a constant muscular effort, slight though it may be. If you hold your arm out in a horizontal position, no fatigue is felt for the first few moments, but the longer the arm is held extended the heavier it gets, and the more force is necessary to keep it in position. The same is true of the muscle of accommodation; persistent accommodation requires permanent contraction, and the contraction must be always increasing to keep up a given amount of accommodation. So long as the hyperope is in good health or does not overtax the eyes, no ill effects are felt, but should at any time excessive demands be made upon the eyes, the muscle of accommodation becomes exhausted and we have symptoms of eye-strain. Having considered, in a brief way, one of the principle causes of eye-strain, let us now see what light it throws upon our cases of periodical headaches.



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No systemic condition having been found which would account for the symptoms, we direct our attention to the condition of the eyes. First, as to the distant vision: the patient tells us that she sees perfectly well and can recognize objects at a long distance. From this fact the patient naturally concludes that the eyes are all right, and is apt to treat with indignation and scorn our suspicion that the eyes may be at the bottom of the trouble. But we are prepared for this, knowing, as we do, that the hyperopic eye sees distant objects well by bringing into play a certain amount of accommodation.

Then, too, we must not place much reliance upon a patient's statements as to the visual acuteness. We proceed to test each eye separately by making him read the test type at twenty feet. Some patients object to having one eye covered at this trial, but we persist in our systematic methods, and possibly may find quite a difference in the seeing power of the eyes. In fact, on more than one occasion I have had a patient assure me that his sight was good, only to discover total blindness of one eye. We, therefore, should not forget to test each eye separately. We next inquire if our patient experiences any discomfort when reading or doing close work. Now this is a very important question, so let us listen attentively to the answer. The patient who a few moments ago assured us that her sight was good, suddenly recollects that when she reads the print becomes blurred and the letters run together. She often finds it necessary to look up from the book a moment to rest the eyes before she is able to continue her reading. This trouble, she says, is always worse at night.

Another patient tells us that for years she has not been able to read without fatigue, that the eyes water; that sometimes objects appear double, and that in consequence of the violent headaches which come on after using the eyes, she has long since given up all reading and close work. Sometimes a mother tells us that her little daughter Mary is dull and backward at school and doesn't get on with her lessons. When questioned, and sometimes without being questioned, the child complains loudly that the print looks "dazzley" and that it makes her head ache to study. Now shall we take Mary out of school and taboo all study for six months or a year? Shall we make light of the poor child's misery, and allow her to suffer on from day to day, week to week, and year to year, until her school days are over? No, certainly not. Or a parent, in great distress, brings her boy to us with the information that he suddenly became cross-eyed, after a boy struck him in the eye, or after he fell off the wood shed, or after he had been imitating a cross-eyed companion. But if you question the parent carefully, you will usually find that it came after the measles, scarlet fever or whooping cough.

The squint is a result of eye-strain in a child, worn out by illness. Now shall we tell the parent to let the child's eyes alone, and that he will outgrow the squint in course of time? No, certainly not, and yet this cruel and absurd advice is given every day, when we know, if treated in time with proper glasses, the squint could be cured.

In the treatment of eye-strain we must ever keep in view the fact that exhaustion of the ciliary muscle is at the bottom of the whole trouble. We



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must not be diverted from this truth by the enthusiastic reports of a few surgeons, who by partial tenotomies of the external ocular muscles, seek to cure a disease by attacking a symptom. We get at the root of the evil by placing before the eyes glasses which correct the refractive error; a lens of sufficient strength to focus images upon the retina without any effort of accommodation. By this procedure we make the eyes normal, and as such, they are able to do any ordinary amount of work without fatigue. The result of this simple treatment is marvelous. The weary, harassed look is gone; the patient goes back to her studies and work with renewed energy; what before was a task is now a pleasure. We often hear the remark: "Why is it we see so many people wearing glasses today?" The reason is clear. We all know that a perfectly healthy individual is the exception and not the rule, and it is equally true that rarely do we find a perfect eye. But in the olden days there was a deeply rooted prejudice against glasses. Mackenzie, in his work on the eye published in 1854, says: "If the patient is a young lad, bound apprentice to a sedentary trade, we may advise him to turn shop-keeper, to apply himself to country work, or to go to sea. If a female, occupied constantly in sewing, to engage in household affairs or other healthy, active employment. Many a poor man have I told to give up his sedentary trade and drive a horse and cart, while to those in better circumstances and not far advanced in life, I have recommended emigration, telling them that though they never could employ their eyes advantageously where much reading or writing was required, they might see sufficiently to follow the pastorial pursuits of an Australian colonist." But this prejudice, which so often changed the whole life work of an individual, is gradually breaking down, and each year finds an ever-increasing number who seek relief at our hands.

To briefly recapitulate, nearly ninety per cent of all cases of headache, neuralgia and neurasthenia are but symptoms of asthenopia or eye-strain, due to the excessive demands made upon the ciliary muscle; and the symptoms usually at once yield when the refractive error has been corrected.

2942 Washington Ave., St. Louis.

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**"The Colorado."**—En route to Salt Lake City this summer, the business manager of THE FORTNIGHTLY had the pleasure of stopping for a few days at Glenwood Springs, an extended description of which recently appeared in this magazine. The beauties of this resort, with its wonderful bubbling hot springs, mammoth swimming pool (700 feet in length) and palatial hotel, "The Colorado," can never half be told. It is indeed, a revelation to an Easterner, after a trip over the rugged Rocky Mountains to be landed in this veritable paradise, and find an elegant hotel, every appointment of which vies with the best the continent affords. Built by Mr. Raymond, of excursion fame, and operated by the genial Mr. Bailey, whose face is familiar to every tourist, nothing has been omitted that would conduce to the health and comfort of the guests.



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The Medical Fortnightly

# A Plea for Early Diagnosis and Heroic Treatment of Pulmonary Tuberculosis.

By W. J. BELL, A. M., M. D., St. Joseph, Mo.

Professor of Pathology and Clinical Medicine, Ensworth Medical College, St. Joseph, Mo.

ONE who writes upon such a subject as I have chosen, must expect criticism and that not universally favorable. Whether or not the tubercular bacillus is the sole exciting cause of pulmonary tuberculosis is not a question to be considered at this time. This bacillus is certainly present in a large percentage of cases, but its presence or absence has little weight in the prognosis of a given case. In our anxiety to find a bacillus for everything, and especially before making a diagnosis of pulmonary consumption, many cases have been allowed to progress beyond the point where treatment can be of permanent benefit. The dismal failure that has followed almost all forms of treatment has been due, in a large measure, to lack of early diagnosis. Where a patient has had some cough and expectoration, with perhaps night sweats, progressive emaciation and slight hemorrhage. If, upon physical examination, moist rales are found at the apex of either lung with localized consolidation or a prolonged or cog wheeled expiratory murmur, what is the use of waiting to find tubercular bacilli, that patient has pulmonary consumption, and every hour lost before treatment is begun is criminal waste. In order that an early diagnosis may be made the utmost care is necessary and the duty of the family physician cannot be too firmly impressed along this line. Too often, alas, a hurried careless examination is made, and a patient with incipient phthisis dismissed as if he had some trivial ailment. Many patients express their surprise when requested to remove their clothing from the chest, where there is a suspicion of thoracic trouble, stating that their doctor did not do this, and it is surprising how many physicians will look wise and pass a very important opinion, after an examination made through several thicknesses of clothing or even a starched shirt front. Such methods of examination account for the fact that many patients are beyond any reasonable hope of cure before the nature of their malady has been recognized.

While writing this article a case came under my observation where the family physician had, for over a year, treated the patient for "dyspepsia," when a careful physical examination revealed the typical signs of advanced tuberculosis in both lungs, a large cavity being found in the apex of the right lung. Unless ears are trained to hear and differentiate sounds, tuberculosis will continue to be the curse of our afflicted race.

More important than disinfection, which at best can accomplish but little, is the training of men who go forth to practice the healing art, in the fundamental principles of physical diagnosis. Once a diagnosis of the disease is made, unless the patient is very weak or nervously exhausted, he should know, as far as possible. the exact character of his disease and be encouraged to put forth every effort for his cure or for the prolongation of life; none can be more interested than the patient, none more helpful to



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the physician, and no one has a better right to know than he whose life hangs, for the time being, in the balance. Once a line of treatment is decided upon, let it be carried out heroically and persistently. Many members of the professian have met with such continued failure that they have grown apaihetic, and display so little energy that failure is, at the outset, almost certain. It should encourage such to remember that though wrestling with a desperate disease, we are not left without potent remedies. Codliver oil with hypophosphites of lime and soda is an excellent and useful remedy if well borne, and I doubt not, has been the means of a permanent cure in many cases, and prolonged the lives of countless multitudes. There is, however, such a popular and professional prejudice against these time honored remedies that they must often be dispensed with at the outset. After the confidence of the patient is gained they may be used with marked benefit. Creosote is a remedy of undoubted value, especially if borne in large doses. I have given as high as one hundred and twenty drops daily, in divided doses, with only good results. Where creosote is not well borne by the stomach it should be given by the rectum in an emulsion of the yolk of eggs and olive oil. Small doses of the drug I believe are useless, and while beginning with small doses, say three drops three times a day, in milk or sherry wine, the quantity should be rapidly increased to the point of toleration. The line of treatment that has given me the best results in the last fifteen months, is a modification of that introduced by Dr. John Blake White, of New York City, in 1890. It consists of hypodermatic injections of gold and manganese, or these drugs with the addition of arsenite of strychnia and tincture of gelsemium. The iodide of manganese and chloride of gold and sodium is dissolved in pure glycerine and 1-50 of a grain of the combined salts is given hypodermatically, a sufficient quantity of a one per cent solution of carbolic acid is added at the time of making the injection. This preparation requires some care in dispensing, and is put up for Dr. White by C. P. Lord, 482 Seventh Avenue, New York City. I have had it prepared for me by competent druggists in this city, and their preparations have given me entire satisfaction. For administration by the mouth as well as hypodermatically, Dr. White has recently presented the following formula:

℞ Iodidi manganesii.....
Auri et sodii chloridi.....aa gr. 1-25
Strychninæ arsenitis.....gr. 1-100
Tincturæ gelsemii.....gtta. iii

This is dissolved in pure glycerine so that ten drops of the combination will equal the above formula. This may be given by the mouth, three drops three times a day, or hypodermatically, one to five drops every other day. As to the points for making the injections, I believe there is little choice, and I have found no difference in the results, whether given in the lumbar or scapular regions or in the arm or leg. While very good results may be gotten when the remedy is given by the mouth, on the whole, the hypodermatic method is preferable.

I shall now consider briefly non-medicinal remedies in the treatment of this disease, and first among these I would place rest. The popular idea



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and one too frequently in the professional mind, that exercise is the great remedy for consumption, has been the cause of a multitude of deaths among those of tubercular tendencies. The importance of fresh air and the habit of deep breathing cannot be over-estimated; without these all other remedies will utterly fail, but fresh air and exercise are two entirely different things. The patient cannot unless he has been thoroughly trained form a proper estimate of the limits of his powers of endurance. Some one else must think for him in this matter, and under no circumstances must he be allowed to over-exert himself. A single overt act in this line can do more harm than weeks of careful treatment can do good.* Next to rest I would place food. Tubercular patients, as a rule, are such because of a lack of nutrition. If, therefore, we can build up the patient by suitable food, we have accomplished much toward a cure. Milk, bacteriologists to the contrary, is the ideal food and should be given in large quantities daily. This class of patients should eat frequently, though some regularity should be observed. In the third place, as an important non-medicinal agent, we have climate. Our country offers every conceivable variety of climate, and her health resorts are numberless. It is not necessary that every person suffering from pulmonary phthisis should leave his home, nor is this wise in many cases, as it only hastens the fatal issue. It may be laid down as a rule that where patients do not improve at home under careful treatment and rest with good feeding, they will not improve elsewhere. The converse of this is not always true, that persons who do well at home will certainly improve by a change of climate.

The indiscriminate sending of patients to certain well advertised health resorts, or localities, has caused unjust criticism upon most favorable climates, and hastened the death of many sufferers. In the popular mind, and that not without some reason, there is an idea that Denver or some parts of Colorado are almost a specific for tuberculosis, but to send a patient from St. Louis or Pittsburg or Philadelphia or New York to Denver in midwinter, would be almost equivalent to suicide on the part of the sufferer, and is certainly a crime on the part of the attending physician. Young persons, it is a well known fact, do well, as a rule, in high altitude, and if one wishes to verify this fact he has but to visit the villages and cities of Colorado, where he will find hundreds of living witnesses to the benefits of dry air, high altitude, and sunshine upon those afflicted with pulmonary trouble. It is equally true that persons over thirty-five years of age should think carefully before seeking a residence in a high altitude, for while some do well the majority would do better in the vast inland plains in such a city and at such an altitude as San Antonio or at the sea coast. Women who have borne children, almost without exception, are unfavorably affected by high altitudes. I have presented no cases at this time, for good and sufficient reasons, but I shall, at a later date, present the histories of cases who undoubtedly had pulmonary tuberculosis and who, under a course of treatment such as I have outlined, are today apparently well. Some of them, are now residents of Colorado and New Mexico, and others still, residents of the Missouri Valley.

*As a means for encouraging the habit of deep respiration, I have devised a simple inhaling tube by boring holes in a clinical thermometer case, the opening at the distal end of the tube being 1-20 of an inch in diameter, that at the proximal end 1-10 of an inch, and that upon the side 1-5 of an inch in diameter. The patient should also be provided with a suitable inhaler to be used frequently.

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The Medical Fortnightly

# Para-Blennorrhagic Cystitis.

BY M. BAZY, M. D.,

PARIS, FRANCE.

Physician to Hospice de Bicetre, Paris.

(Reported and translated for the Medical Fortnightly by Thomas Linn, M. D., Nice, France.)

SINCE we have shown that there are tardy cases of blennorrhagic cystitis or protracted ones, the so-called "spontaneous" cystitis is not so often spoken of. The classes of cystitis have also diminished very much through the knowledge of cystitis that comes from some descending infection, that had formerly been supposed to be owing to catheterism or some infection of the urethra itself. These forms of cystitis were also attributed to rheumatism, gout, and cold.

A large number of cases in Professor Guyon's service and in our own have proved that cystitis in man can exist outside of all pathological states of the urethra.

A cystitis, then, may have an origin in an urethral infection that formerly existed and was seemingly cured. These cases may be called "Prolonged Blennorrhagical Cystitis," taking an analogy from prolonged osteomyelitis. They are, in fact, cases of cystitis that commenced in a gonorrhea, and, after a more or less active stage, they seemed cured, but are revived after a lengthened period of time; or they may recommence from time to time, and finally the patient comes to see the doctor.

This para-blennorrhagic cystitis seems to deserve the name we have given it, as it indicates its origin, its commencement, its age, and relation to gonorrhea.

If, however, we wish to take account of the nature of the infectious agent that is the cause and keeps up the malady, we will soon find that it is not the same as that of gonorrhea, the gonococcus, for we find in these cases only the staphylococcus or the coli-bacillus. The gonococcus disappears very rapidly, even in the most acute cases it cannot be found for a long time in bladder complaints, and in these old cases it is never seen.

It would seem that the gonococcus was the attacking agent, for it works the ill in the urethra by breaking up the epithelial coating which resists the microbes, which live in saprophytes in the canal, and when the gonococcus opens the way they attack the tissues.

These last forms of microbes are found in old cases of cystitis, and, therefore, the name of para-blennorrhagic cystitis, showing that these cases are long beyond the gonorrhea that was the first cause of it, is a proper name for this class of bladder diseases.

This is just the same as Professor Fournier called the affections seen in syphilis, a long time after the initial malady, "para-syphilitic." These troubles come because the patients have had syphilis. The lesions do not present an appearance that has been recognized before as syphilitic, yet they are curable by anti-syphilitic treatment, and are attached by the history to the former malady. It is the same with the cases of cystitis we



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are now describing, which had their origin in a gonorrhea, or were "born" during it, as it were, and the infection remains in some form, but not the usual one, which keeps up gonorrhea, the gonococcus.

These cases show themselves at varying periods. We have seen them at two years after the gonorrhea, and at three, and so on up to 20 and 30 years after the first attack.

When the gonorrhea is not of long standing, we can often trace it, as the patients have still the matter fresh in their memories. Such may have had retro-membranous urethritis with signs of cystitis, and they are able to remember that the trouble they now have was similar to what they had before. Indeed, in some of these patients, the chain of evidence is a long one. The malady has appeared from time to time, at long intervals it is true, often as much as 10, 15 or 20 years having elapsed between each attack, but still the same thing occurs each time and it is from the same cause. These patients will tell you that they have always "felt their bladder," and the slightest indulgence brings about the pain and suffering with burning during miction. All this, without care, will be put down to an indigestion when it is really a cystitis.

In other cases the attacks are so slight that they do not have a clear remembrance of them.

Finally, there are cases where not the slightest sign of the former gonorrhea can be found, nor do they recall any such attack. It is only by analogy with the facts, as cited above, that we can attach these cases to a former trouble, and from the knowledge that we have at present of cystitis by descending infection, outside of all catheterism. From the fact that an individual has had gonorrhea, it does not follow that his bladder, affected or not, will be sure to be contaminated, or that it will remain refractory to all infection in future. From the fact, also, that there was a cystitis during a gonorrhea, it does not follow that we must admit that a cystitis coming later is a renewal of the old affection. We should admit that there is also an infection that can come from a descending infection.

It is not easy to demonstrate these facts, but we admit that the cases in which the contamination by the urethra and the catheter is impossible, in fact, the moment we admit that this form of cystitis has another origin, there is no reason why we should not say that it is a new cystitis coming from a descending infection.

If prolonged gonorrheal cystitis had the clinical characters and microbic pathology of the usual forms, the demonstration could be made. But it is not so, and every time these signs are wanting we could say it was an added affection and not see in it a renewal of an old case. But we are not able to prove that it is a new malady, and, therefore, we must retain the name of prolonged gonorrheal cystitis. We should all the more keep this name as it brings to our minds the idea of a possible former gonorrhea and make us think that blennorrhagia is one of those troubles that will apparently cure up rapidly, but still leave at the base of the bladder, or most often at the end of the prostatic urethra, an old "*yeast*" that wants to ferment again, and will do so at the slightest provocation, and when it does it gives us cystitis.



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We should always remember that gonorrhea does attack the retro-membranous urethra, and that the urethritis or prostatitis caused by it is often passed over, as it does not give such acute symptoms as a regular cystitis does.

As we get experience, we will find that prolonged blennorrhagia, gleet, ect., are due to some focus in the retro-membranous urethra. We shall go farther and say that we never see a single case of chronic blennorrhagia that has not its seat in the retro-membranous urethra.

The point of this lesson is to teach that in all acute gonorrheas we should think of the retro-membranous urethra if the malady should be prolonged any time, and then we must make our treatment at this point, or else we will have prolonged blennorrhagic cystitis at some future time.

As to treatment, the best is the old-fashioned injections or instillations of nitrate of silver. Sulphate of copper has also given us some success when the nitrate of silver did not act.

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**Meeting of Medical Publishers.**—The first annual meeting of the American Medical Publishers' Association occurred at Hot Spaings, Va., on August 13th and 14th, and proved a most profitable and happy event, many of the members being accompanied by their ladies, who enjoyed the pretty scenery and lent a graceful charm to the occasion. An overland trip to Warm Springs comprised a pleasant feature of the first day. After the transaction of the usual routine business, the President, Dr. Landon B. Edwards, read an able paper on "Advertising and Advertising Agencies," which was well received and ordered printed. The reports of the Secretary and Treasurer were examined, and the finances of the Association found to be in good condition. Thirteen applications for membership were presented and acted upon favorably. The Secretary was instructed to investigate the laws of different states governing charters of incorporated bodies, and report at the next meeting. Dr. J. W. Clausen, of the *Times and Register*, Philadelphia, was elected to fill a vacancy in the Executive Committee. Upon motion it was decided that all annual meetings hereafter should be held just prior to the sessions of the American Medical Association, the next meeting being set for Monday, June 5, 1895, at 9 A.M. in the Utah House, Baltimore, Md.

CHARLES WOOD FASSETT, Secretary.

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**The University of Virginia Loses Another Member of its Faculty.**—Dr. Wm. C. Dabney, Professor of the Principles and Practice of Medicine at the University of Virginia, died on August 20th, of typhoid fever, complicated with tubercular meningitis. Dr. Dabney has added many valuable contributions to the literature on typhoid fever, and it seems a cruel stroke of fate that he should have met his death from this disease. Dr. Magruder, of Charlottesville, Virginia, is spoken of as his most probable successor.

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**The Price of Opium** has risen over thirty per cent in the past month or six weeks, by reason of the war between China and Japan.



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**Our New Feature:**
**$225.00 in Prizes for Contributions.**

# The Medical Fortnightly

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NEWS of Societies, and of interesting medical topics cordially invited. Write on one side of paper and be brief Address books, subscriptions, and communications to THE MEDICAL FORTNIGHTLY, 1006 Olive Street, St. Louis

**The Antitoxin Treatment of Diphtheria.**

THE favorable reports which are being received from various quarters, of the successful treatment of diphtheria by Aronson's antitoxin, an antidote prepared from the cultivation of the diphtheria bacillus, with attenuation of its toxicity, seem to indicate that it will be classed with the great discoveries of Pasteur and Jenner. It is claimed to possess an advantage over these, however, in the fact that it not only produces an immunity from the disease, but also has a curative effect after the disease has already been contracted. The earlier in the course of the disease the treatment is instituted the better, and when the injections are made in the first few days, the reports show that the disease does not extend to the larynx, and the complications and sequelæ have been of a normal character, The dose varies from 5 to 25 C.C. (1¼-6¼ fl drs.) according to the age of the child and severity of the case, and may be repeated on the following day if necessary. The usual place of injection is in the back, below the scapula. The injections seem to be followed by

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no disagreeable symptoms, and in from twelve to twenty-four hours there is a fall in the temperature (often to normal) accompanied by marked improvement in the general condition.

The most extensive tests of this new treatment have been made in the Kaiser Freidrich Children's Hospital where 1,081 cases of diphtheria had been treated by the usual methods, with a mortality of 38.9 per cent. Some months ago the antitoxin treatment was begun there, and since that time 128 cases have been treated by this method with a mortality of 13.2 per cent. Dr. Katz also reports having inoculated 72 children exposed to the disease, and of these only 8 were attacked, and so slightly as to be free from evil consequences.

One great disadvantage in the employment of antitoxin is that it is very expensive, and this places it beyond the reach of poor people, unless the municipal and state sanitary authorities come to their aid. In New York City, this will probably be done at an early date, as Dr. Herman Briggs, bacteriologist of the Board of Health of the City, has recently returned from Berlin, where he has been studying the manufacture and results obtained by the use of the remedy, and has reported so strongly in favor of it that the Board of Health has asked for an appropriation in order to enable them to undertake its manufacture. W. M. R.

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**The Cause and Percentage of Myopia.**

AT THIS season of the year when our school children are flocking home with bright eyes and healthy cheeks, from country, mountain, lake and sea; when the house is being ransacked from top to bottom in search of the school books which were so gladly thrown down in the early summer; when teachers and scholars alike are preparing for another year of arduous work, it seems a fitting time to offer some suggestions as to the cause and prevention of myopia. The ground upon which we base our remarks is as follows: We know that myopia is an acquired disease or condition, occurring ordinarily during school life; that as the children advance in grade, the number of myopes increase. According to Fuchs about 20 per cent of the German students are myopic in the lowest classes of the high schools, and about 60 per cent in the highest classes.

Countless monographs have been written attempting to prove that the arrangements in schools, the light and air space, height of benches and desks, print of books, etc., are important factors in the production of myopia.

While admitting that badly lighted schools, etc., aggravate the tendency toward myopia, we must evidently look elsewhere for the cause, since we find that the greatest increase in myopia occurs in our high schools, colleges and universities, buildings which are as perfect as money or science can make them. Where then, shall we look for the cause? Let us study, for a moment, the school life of a child from the day it is thought old enough to go to school until the day of graduation. The first years of school life are regarded by the child as so many hours of hardship, hours cut off from play. The little dears may seem much occupied with their



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lessons, but the girl is thinking of her doll, and the boy, of his top and marbles.

When the bell rings for recess or at the close of the session, the books are shut as quickly as the laborer drops his shovel at knocking off time. So it is safe to say that the children are not ruining their eyes at this period of the school work. But the years pass, and as the scholars advance in grade the studies become more difficult, the thirst for knowledge increases, the children become ambitious and find the school hours all too short to master their lessons. Then they carry a book home so that they can do a little work after supper.

The father and mother praise them for their diligence, instead of sending them to bed. It is at this time we notice the development of myopia. We now reach the high school, and find every one under high pressure. The amount of work required necessitates closer and closer application during school hours, and an ever increasing amount of work to be done at home. This persistent use of the eyes, often by dim light, without proper intervals of rest, overtaxes the eyes and furnishes fitting soil for the rapid increase of myopia.

The means by which we may hope to prevent the development and retard the progress of myopia are clear and can be summed up in a few words. We must insist upon proper intervals of rest for the eyes, and allow the children a liberal amount of play time. To this end lessons should be studied as much as possible, during school hours, and night work at home should be discouraged. Possibly we can all recall the tired parent saying, as he settles down to his paper after supper, now boys, get your books and don't let me hear a word out of you, or off you go to bed.

Let the boys have a good romp and if you possibly can, romp with them, and then after they have been tucked away in bed, you can enjoy, all the more, a quiet chat with your wife or peruse your paper in quiet and peace. And when they grow older and enter the high school or college, see to it that they do not burn the midnight oil, do not overtax the eyes, for as long as they do it, they do damage to the eyes whether they study in a badly arranged school or in one of our great universities. J. E. J.

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**The Communion Cup.**

THE agitation regarding the use of the individual cup at the celebration of the Lord's supper in the churches, should be encouraged, as it is wise and scientific. While it may be true that no authentic case of contamination from the use of a single cup can be recorded, yet we believe that for the impression which individual cups will make on the people towards creating interest in personal hygiene, this movement should be encouraged. Not enough attention is given to hygienic measures to prevent the spread of loathsome diseases among the innocent, as Bulkley has well shown, and we say amen to every movement which will call attention to the needs of such care of the person. F. P. N.

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**Dr. Charles P. Noble** has removed to 1637 N. Broad St., Philadelphia.



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**St. Louis Fall Festivities.**

NOW IS a good time for our country medical brethren of St. Charles, Kansas City, St. Joseph, Springfield, Chicago and other surrounding communities to lay aside their arduous toilings, drop the pencil and prescription blank and the care-worn look and hie themselves to our festive center of Mississippi Valley fall jollification and harvest gratulation. We have lots of things to show them since their visit last year. If they get past our magnificent new six-and-a-half-million-dollar Union Station—to the examination of which they must expect to devote half a day, at least—they must go through the finest hotel in the West, the new and palatially built and furnished Planters' House, not forgetting the St. Nicholas and other hostelries, likewise attractive but less imposing.

A well-populated colony of doctors will be found in the sky-scraping Union Trust Building, lending that element of interest to this admirable structure. And for the esthetically inclined, the new Mercantile and Columbia Clubs will furnish almost an education in the decorative art. Among other new features at the Fair will be the captive balloon, the Midway, with its glory of clamor and warmth of hospitality, and its variety of composition.

In addition to the ever-popular and enthusiastically-awaited Veiled Prophets, the field for festal pageantry is this year occupied by the Mystic Order of Funny Fellows, a gloriously funny organization, with the merry King Hotu at its head. The daylight parade of the Funny Fellows will be held on the afternoon of September 29th, and if our doctor friends don't want their patients to discontinue their services by laugh-and-grow-fat mechanism, they had better put 'em in close confinement for this day, at least.

Of course the only permanent exposition offers its yearly bewildering variety in art, music and mechanics; Sousa's four daily concerts continuing as the chief loadstone for the masses.

Any of its teachers or attachés will be happy and proud to show medical visitors through the new marble building of the Missouri Medical College—a building that is intended to be a model of convenience and facility for both didactic and clinical teaching.

Come one, come all, neighbors, and brace yourselves up for the winter's work.

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**The Tri-State Medical Society.**—The meeting to be held in Jacksonville, Illinois, of this young and vigorous working medical society, the 2nd and 3rd of October, promises to be a success. We are pleased to announce that the Committee of Arrangements, consisting of the hustling element of the profession, in Central Illinois, are determined to do their best toward making it a meeting of scientific value and of pleasant social interest.

**Medical Society of the Missouri Valley.**—The annual meeting will be held in Council Bluffs, Thursday, September 20th, commencing at 9:30 A.M. A general invitation is extended to the profession. F. S. THOMAS, M. D., Secretary.



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**The Mississippi Valley Medical Association** will meet at Hot Springs, Ark., November 20-23, 1894. It promises to be a "glorious success." The Committee of Arrangements have for their Chairman, Dr. T. E. Holland, which in itself means success for the professional and social aspects of the meeting. An important feature for consideration in every large gathering is the hotel accommodations, and Hot Springs is noted for its ample provisions in this line. A half-dozen good hotels that are accustomed to handling thousands of guests, will cater to the wants of the visitors at this meeting. We present a description of that prince of Southern hotels, the "Arlington," which will be headquarters for the delegates.

### THE ARLINGTON HOTEL.

The name of this hotel is more closely allied with Hot Springs than that of any other. The old Arlington for nearly twenty years was the leading and largest hotel, and because of its superior location and excellent management it held this position among the numerous hostelries of this "City of Hotels," until the demands of our visitors, and their increased number, necessitated the erection of larger and better hotel accommodations.

The building is constructed of brick and is five stories high, and the architectural beauty of the building is very imposing, resembling somewhat the Ponce de Leon, its only equal in this particular in the south.

The public rooms are large and numerous, giving ample space for recreation and exercise indoors whenever an unpleasant day comes to prevent them in the open air. The rotunda is 54x87 feet, with hotel office on one side, back of which are two private offices, and on the opposite side are the reading and writing rooms, news and cigar stands. The grand stairway is between these and circles around a beautiful, large glass dome. On these stairs, from all points, a full view of the whole office and rotunda is obtained. It is very handsomely finished, and ornamented in oak. South of the rotunda is the general parlor, and the dancing parlor; it is 40 feet wide by 72 feet long the floor of which is of white maple, and waxed. On the north side of the office is situated the ladies' parlor, 28x50 feet. It is most elaborately, yet tastefully furnished and decorated; the floors with Wilton carpet, with damask hangings at all openings, and the furniture is of mahogany, upholstered with rich silk brocatelle. Besides this elegant parlor, the ladies are provided with a handsome reception room, furnished and finished in oak; also a private corresponding room 15x25.

The dining room is 54x120 feet, with a 20-foot ceiling of ornamental steel, handsomely panelled. It is well lighted on three sides. The large bay window facing the little garden adds to the beauty and spaciousness of this banquet hall. The furnishing is in ivory and gold, and the effect, especially when brilliantly illuminated, is very rich and pleasing. The ladies' ordinaries can be added to the regular dining room, when on any special occasion additional space is required, by simply opening the large folding door, and removing the draperies separating them.

There are fifty rooms in the house which have bath and toilet rooms connecting and are supplied with hot and cold water and stationary washstands. The rooms are all arranged with double doors between, so as to permit a suite of any number.

Adjoining on the south, and connected, is the Arlington bath-house, built upon the site of the Rector Bath-house, so long considered one of the best in the city, and at the very fountain-head of the hot springs. It is supplied with all the latest and best appliances and conveniences for giving all kinds of baths and none of the best improvements have been omitted. The floors are of mosaic tiling; the partitions of the finest Italian marble. Parlors, reception and sweating rooms are provided on each floor, all of which are nicely furnished to suit their respective purposes. The bath-house is entered from the first and second floors of the hotel. The upper story is principally devoted to lady guests, though four bath-rooms, in a separate depart-



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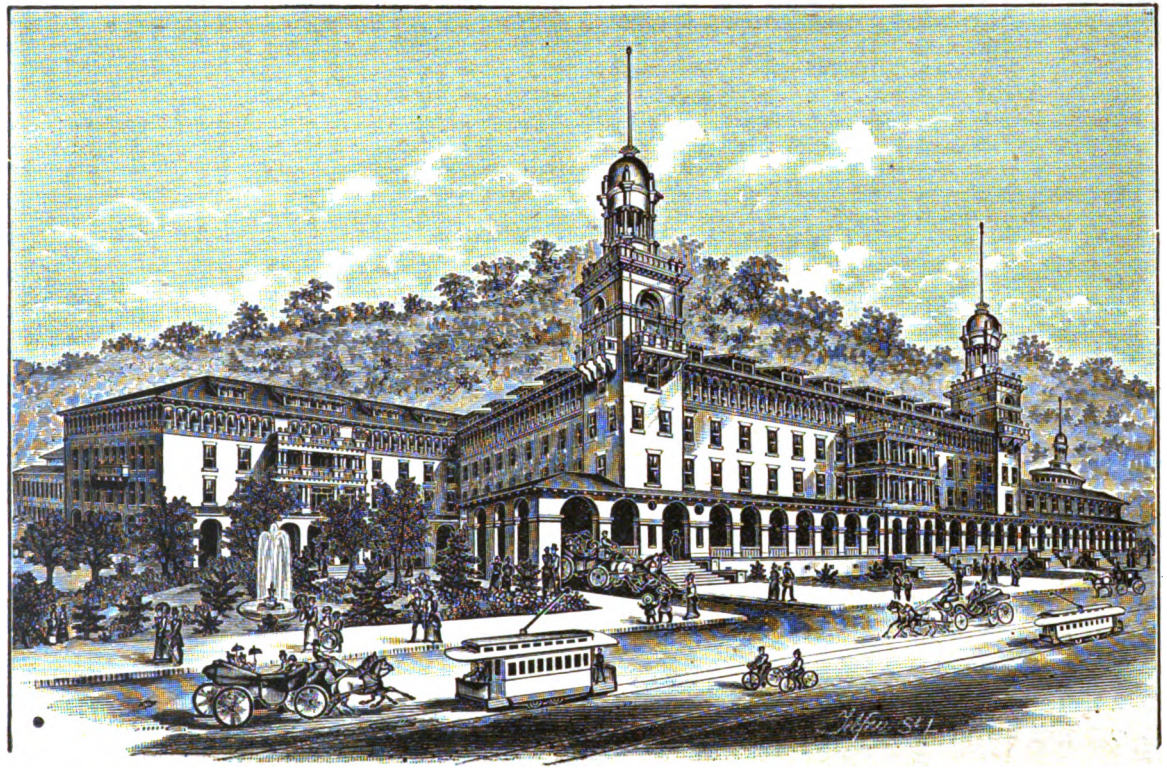

"THE ARLINGTON," HOT SPRINGS, ARKANSAS.

DELEGATES' HEADQUARTERS, MISSISSIPPI VALLEY MEDICAL SOCIETY, NOVEMBER 20, 21; 22, 23, 1894.

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ment on this floor, are for the exclusive use of invalid gentlemen guests, who can be wheeled in reclining chairs directly from their rooms to the bath. Of course the same can be done with invalid ladies. Both hotel and bath-house are heated with steam and lighted by gas and electricity.

The house is practically fire-proof—there being no fires in the hotel proper, excepting in the kitchen, laundry, and the grand fire-place in the general parlor. The kitchen, laundry, and engine-room—the latter located in the basement of the bath-house—are all in strictly fire-proof rooms. But in case of fire, numerous and easy escapes are provided. Every floor is connected by iron bridges with theHot Springs mountain, over which invalids in chairs can be wheeled directly to the drives and walks the government has recently laid out. The passenger elevators are built in brick shafts; and besides the grand stairway in the center, there is also one at each end of the building.

Arlington Hotel Co. proprietors: S. H. Stitt, president; Lyman T. Hay, secretary and manager. Letters of inquiry promptly answered. Rooms cheerfully and carefully selected for patrons.

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### HOT SPRINGS, ARK.

The Hot Springs of Arkansas have the merited reputation of being one of the "Wonders of the World," and seekers of pleasure and lovers of sight-seeing, as well as those in search of health will be well paid by visiting them. They are situated on the mountain, in the creek and in the valley of the same name, 55 miles southwest from Little Rock, the capital of the state, and twenty-two miles from Malvern the junction of the St. Louis, Iron Mountain & Southern, and Hot Springs railroads, and are connected by rail with all points in the United States and Canada

It is conceded that the efficacy of the waters of these Springs for many diseases far excels Baden-Baden and all the celebrated springs of the new and old world. They issue forth from the western slope of the Hot Springs mountain (a spur of the Ozark mountains), at an elevation of 700 to 800 feet above the level of the sea; the most of them from 30 to 75 feet above the level of the valley and a few near the margin of the creek.

These waters are now nearly all concentrated in large air-tight tanks built by the United States government, and will bathe 19,296 persons daily, allowing twenty-five gallons for each bath.

In the hottest springs an egg can be cooked in fifteen minutes. All the springs on the east side of the creek, flowing from the Hot Springs mountain (excepting one) are hot, and all on the west side (excepting the alum spring) are cold.

Dr. Wm. Elderhorst's analysis of 100 grammes of the so-called Arsenic Spring is here inserted:

| | Grammes. |
|---|---|
| Lime | 0.059024 |
| Silicates, | 0.045600 |
| Sulphuric acid, | 0.019400 |
| Magnesia, | 0.0007629 |
| Chlorine, | 0.002275 |
| Sapo, | 0.004650 |
| Potash, | 0.001560 |

Prof. Owen, after quoting from Dr. William Elderhorst's analysis of the waters, proceeds to give his idea of their medicinal effects, and the causes that have operated to impart to them medicinal effects, and the causes that have operated to impart to them such extraordinary heat:

"In many forms of chronic diseases especially its effects are truly astonishing. The copious diaphoresis which the hot bath establishes opens in itself a main channel of the expulsion of principles injurious to health, made manifest by its odor. A similar effect in a diminished degree is effected by drinking the hot water—a common, indeed almost universal practice among invalids at the Hot Springs.

"The impression produced by the hot douche, as above described, is indeed powerful, arousing into action the sluggish and torpid secretions; the languid circulation is thus purified of morbid matters, and thereby renewed vigor and healthful action are given both to the absorbents, lymphatic, and to the excretory apparatus—a combined effect which no medicine is capable of accomplishing.

"The large quantity of free carbonic acid which the water contains and which rises in volumes through the



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water at the fountain of many of the springs, has undoubtedly an exhilarating effect on the system, and it is no doubt from the water of the Hot Springs coming to the surface charged with this gas that invalids are enabled to drink it freely at a temperature at which ordinary tepid water, from which all the gas has been expelled by ebullition, would act as an emetic."

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**The Twelfth International Medical Congress,** as is now definitely announced, will be held in Moscow, in August, 1896.

**The Tailors of Grats** not long since presented a petition to the Rector Magnificus of the University, praying that in future no student receive his doctorate diploma until he has furnished proof that he owes his tailor nothing.

**University Reforms in Italy.**—The Italian Government proposes to suppress twenty-three universities in the peninsula, and to convert them into preparatory schools, creating in place of them large and thoroughly well appointed state universities in Rome. Naples, and two or three other of the larger cities.

**A Novel Way of Giving an Enema.**—Dr. George Ross reported the case of a man recently under his observation, who had just died from peritonitis, caused by the bursting of the bowel. It seems that he had been in the habit of attaching his syringe to the faucet in the bath-room and allowing the water to flow into the bowel with all force in the water-pipe. He had practiced this novel method of taking an enema for years, but went too far this time. A post-mortem revealed the conditions above stated.

**Lowered Duties on Drugs.**—The Senate tariff bill lowers the duty on a number of drugs, that on castor-oil being reduced fifty-six per cent below the rate under the McKinley law, and that on epsom salts thirty-four per cent. Other reductions are, thirty per cent on codliver oil, fifty per cent on bicarbonate of soda, twenty per cent on sublimed sulphur, eighteen per cent on refined camphor, and twenty-five per cent on strychnine. The duty on spectacle lenses is reduced from sixty to thirty-five per cent ad valorem, a decrease of nearly forty-two per cent.

**Clinics at the City Hospital.**—At a recent meeting of the Board of Health, the following provisions were made for clinical instruction at the City Hospital during the coming winter: Clinics at the City Hospital for the instruction of students will open October 1, next. Mondays, Wednesdays and Fridays from 2 to 5 o'clock P.M. will be devoted to clinical instruction in the hospital amphitheater. Surgical and medical clinics will be conducted the first two hours, the third being devoted to specialties, as the eye, ear, throat, skin, etc., as may be determined. Clinical lectures will chosen from accredited representatives of medical schools, and others not thus connected, and will serve for a period of one month in regular rotation. Each lecturer will be entitled to name an alternate, subject to approval. Only members of the senior and middle classes of medical students will be received, and the authorities of the several schools will be required to issue cards certifying accordingly, to enable students to secure admission to the hospital.



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# Fortnightlettes

Professor E. H. Griffith, inventor of the Griffith Microscope, died in Chicago on August 18th.

The Japanese army has several American surgeons attached for field service during the Corean campaign.

Dr. Dillon Brown, of New York, the Editor of the *Archives of Pedriatics*, has returned from a sojourn in Europe.

Dr. Adolf Meyer, of Kankakee, Ill., will lecture in the Chicago University this year on pathology and psychology.

Dr. C. B. Burr succeeds Dr. Palmer as Superintendent of the Oak Grove Private Insane Hospital at Flint, Mich.

Dr. Joseph M. Mathews was elected President of the State Board of Health, of Kentucky, at its last regular session.

Dr. Dwight B. Taylor has resigned the position of Assistant Physician to the Michigan Hospital for the Insane at Pontiac, Mich.

Prof. Keen says that the most suitable time to operate on a child for harelip is between the sixth week and the third month after birth.

Dr. Troy Bailey, for some time assistant to Dr. W. W. Jaggard, of Chicago, has entered private practice in Chicago, at 33d and State Streets.

The editor of the *Medical News* is justly indignant over the treatment received by several American ophthalmologists at the International Congress of ophthalmology held at Edinburgh, Scotland. Their papers were put off till the last hour, and no time given for discussion.

The report of the librarian of the Paris Académie de Médicine states that the library of the Academy contains 95,520 works, or a total of 147,404 volumes and pamphlets. The number of volumes added to the library in 1893 was 8,164, and some valuable manuscripts were presented by MM. Delens, Duché, Bucquoy, and others.

**Marriage of Dr. Hersman.**—Dr. C. F. Hersman, well known as one of the most talented and active of our younger profession, was wedded on Sept. 6th, to Miss Anne Woodson Bates, of Wentzville, St. Charles County, Mo. Doctor and Mrs. Hersman will reside at 3004 Locust Street, and will be at home to their friends Thursdays after October first.

**The Barnes Medical College to have a Four Year's Course.**—All students who intend graduating at the Barnes Medical College at the close of the session of 1899 and 1900, and in all subsequent classes, will be required to attend four regular courses of medical and clinical lectures of not less than five months each. Graduates of Pharmacy, Dental Surgery, and Scientific Schools will be admitted to the second year's work without examination.



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# The Reviewer's Table.

Books, pamphlets, instruments, etc., for this department, should be sent to the Editor, 1006 Olive street, St. Louis

**A TREATISE ON OPHTHALMOLOGY FOR THE GENERAL PRACTITIONER.** Second Edition. By Adolf Alt, M. D. J. H. Chambers & Co., St. Louis.

¶ This book, as stated above, is for the general practitioner. One of its strongest points is the able manner in which the pathology of the eye is handled. It will be found worthy of most careful reading, and a useful guide and help to those who may be forced to treat certain eye diseases.

J. E. J.

**ELECTRICITY IN DISEASES OF WOMEN AND OBSTETRICS;** By F. H. Martin, M. D., Chicago. Illustrated. Price, $2.00. W. T. Keener & Co., Publishers.

¶ This little book of 273 pages is devoted to succinct statements of a well selected group of primary principles in electricity, and its application made clear. There appears over 100 pages alone devoted to electrical laws and the apparatuses made by different manufacturing concerns. There is apparently, a reason why so much space should not have been devoted to that which an abundance of text-books give more completely; but when we consider the little time a doctor has at his disposal for hunting in text-books and how easy our memory is covered with a layer of rust, we, perhaps, will agree that a report of electrical laws before attempting to point out its therapeutic indication and application, is not inappropos. In describing Apostoli's methods he calls attention to the fact that the dosage of electricity has been neglected, and argues strongly in favor of fitting the kind and amount of current to the case, He accurately describes the processes used in the various conditions where the electricity is indicated. The last 90 pages are devoted to various uses of electricity outside of the consideration of its applicability to uterine fibroids and inflammation. The book is well worth reading by those who use and those who condemn electricity in therapeutics. The medical world at large has rejected Apostoli's treatment of uterine disorders, but where it does good, even in the hands of but few, there should be a desire to know of it.

T. C. WITHERSPOON.

**A TEXT-BOOK OF OPHTHALMOLOGY:** By William F. Norris, M. D., Professor of Ophthalmology in the University of Pennsylvania, and Charles A. Oliver, M. D., Surgeon to Wills Eye Hospital; Philadelphia. In one very handsome octavo volume of 641 pages, with 337 Engravings and 5 Colored Plates. Cloth, $5.00: leather, $6.00. Philadelphia: Lea Brothers & Co. 1893.

¶ We have been anxiously awaiting the publication of this volume, which has engaged its eminent author during a period of seven years. The student and practitioner will find it a work which represents the most advanced state of the Science of Ophthalmology. The series of illustrations is singularly rich, and is thoroughly in keeping with the literary material which it embellishes. The volume is assured of the foremost position as a text-book and work of reference.

J. E. J.

**THE NURSE'S DICTIONARY OF MEDICAL TERMS AND NURSING TREATMENT,** Second Edition. Considerably Enlarged. By Honnor Morton. Philadelphia: W. B. Saunders. Price, $1.00.

¶ This Dictionary is a pocket manual of 139 pages, and is intended for the use of nurses at the bedside. The definitions are clear and concise, and expressed in simple language. It answers admirably, the purpose for which it is intended.



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**"LESSONS IN THE DIAGNOSIS AND TREATMENT OF EYE DISEASES;"** By Casey A. Wood, M. D. Published by Geo. S. Davis, Detroit. Price, 25 cents.

¶ This readable manual is one of the most useful to be found in the Physicians' Leisure Library. It will aid the busy practitioner to detect and treat, by means always at hand, those diseases of the eye which experience has shown are most frequently overlooked in the course of general practice.

J. E. J.

**TREATMENT OF TYPHOID FEVER;** By D. D. Stewart, M. D., Lecturer on Clinical Medicine in the Jefferson Medical College, of Philadelphia, etc. 12mo, Pp. 99. Detroit, Michigan. George S. Davis. 1893. Price, in paper, 25 cents; in cloth, 50 cents.

¶ In this book the author gives us a clear and concise description of the management of typhoid fever according to modern ideas. One chapter is devoted to prophylaxis, which, in a disease of this character, is of the utmost importance. Especial attention is given to the care of the room, bed, disinfection of the stools, etc. Considerable space is devoted to the Brand method of baths, to which the author gives his unqualified approval, and his remarks on this subject are worthy of the careful consideration of every physician. The various antiseptics are thoroughly discussed, and the last chapter is devoted to the consideration of complications. The book is fully abreast of the times, and all the latest suggestions regarding the management of typhoid fever are noted and commented upon.

**THE MODERN CLIMATIC TREATMENT OF INVALIDS WITH PULMONARY CONSUMPTION IN SOUTHERN CALIFORNIA;** By P. C. Remondino, M. D., Member of the American Medical Association, etc. Paper, 12mo., Pp. 126. Detroit, Michigan: George S. Davis. 2893. Price, 25 cents.

¶ This little book is written in an unusually interesting style, and the many sided pictures which the author gives to Southern California are interesting as well as useful. It is intended for the laity as well as the physician, and, while it is brief, it contains many suggestions which would be valuable to any one contemplating a trip to California. The author gives ample information as to the cost of living, the peculiarities of the climate and the weather, and also devotes short chapters to diseases of the respiratory organs, kidneys, malaria, rheumatism, etc. There are also tables showing the meteorological observations of the entire year.

**HOW TO USE THE FORCEPS, WITH AN INTRODUCTORY ACCOUNT OF THE FEMALE PELVIS AND OF THE MECHANISM OF DELIVERY;** By Henry G. Landis, A. M., M. D. Revised and Enlarged by Charles H. Bushong, M. D., Assistant Gyoecologist and Pathologist to the Demilt Dispensary, N. Y. Cloth, 8 vo. Pp. 203. New York: E. B. Treat. 1894. Price, $1.75.

¶ This book has been carefully revised by Dr. Bushong, and will be heartily welcomed by the profession. It is divided into three parts. Part I treats of the Mechanism of Labor, Part II of the Forceps, and Part III of the Application of the Forceps. Some of the statements are different from the generally accepted teachings of text-books, though the author claims to have ample support for these ideas. We think the usefulness of the book to the student and the average reader, might be increased by the addition of more illustrations. It presents in more detail than can be found in the ordinary work on obstetrics, the subject of which it treats, and to one who is especially interested in this line of work, the book is to be heartily recommended.



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**TRANSACTIONS OF THE INDIANA STATE MEDICAL SOCIETY**, Forty-Fourth Annual Session, held in Indianapolis, May, 1898.

¶ The committee explains its delay in presenting these transactions to the profession, as being due to the failure of the Indianapolis banks. However, the bank failures have not prevented them from presenting the transactions in a most attractive form—neatly bound, with good paper, type, etc. But little space is devoted to business transactions, which shows that the society devoted its time to the consideration of scientific questions. The volume contains twenty-four original articles on a variety of subjects with discussions on most of them.

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# Our Prize Contests

## TWO HUNDRED AND TWENTY-FIVE DOLLARS IN PRIZES FOR CONTRIBUTIONS.

*SURGICAL PAPERS.*

FIRST PRIZE, $100 Surgical Chair.
SECOND PRIZE, $25 in goods from any Advertiser in this Magazine.

*MEDICAL PAPERS.*

FIRST PRIZE, $75 in Cash.
SECOND PRIZE, $25 Battery, or other goods from any Advertiser in this Magazine.

THE FORTNIGHTLY PRESS CO. offers the above prizes for papers presented before any Medical or Surgical Society, meeting regularly in St. Louis, during the year ending June 30, 1895, upon the following conditions:

1. The author must be a paid-up subscriber to THE MEDICAL FORTNIGHTLY.
2. The author must, *at the time the paper is prepared*, furnish this magazine with a type-written abstract of the same, not to exceed 1000 words in length.
3. The abstract must bring out all the salient points of the original paper, and *must not* be furnished to *any other* magazine for publication.
4. If illustrations are necessary to elucidate the text, a good photograph or drawing must be furnished this magazine at least two weeks before the presentation of the paper to the Society. (No charge will be made for illustrations.)
5. Author's signature, in unblotted black ink, to accompany, unattached, the abstract of each paper, together with a list of 50 professional friends to whom "marked copies" of this magazine are to be sent.
6. The publication of any Abstract to be optional with the editor.
7. The readers of THE MEDICAL FORTNIGHTLY will be called upon to decide upon the relative value of the papers submitted.



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The Medical Fortnightly

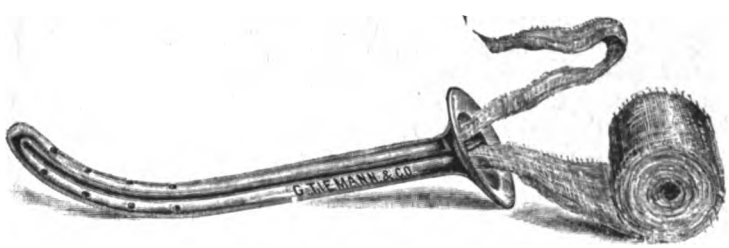
# Reports on Progress.

## ABDOMINAL SURGERY.

BY DR. H. H. BORN,

ST. LOUIS.

**A New Aseptic Drainage Tube.**—Joel W. Hyde (*Brooklyn Med. Jour. for 1894*), offers to the profession a new aseptic drainage tube. It consists of a glass tube with a continuous, uniform caliber, and a blind intra-abdominal end. A glass partition extends from the opening to a short distance from the blind end, divides the lumen into two halves, and converts the tube into a double canula, the two sides of which communicate at the blind end. It has four eyelet holes on each side for pus or exudate to enter. The curve, diameter and length can be made to meet the demands. The sterilized and absorbent wicking is passed into the tube on one side, then through the communication at the blind end into, and out of the other side. As the saturated wicking is drawn out on one side, to the same extent fresh wicking is drawn in on the other. The wicking never comes in contact with any abdominal tissues. Thus, iodoform or sublimated absorbents may be used without causing toxic effects. The wicking is boiled for two hours in water, dried and placed in ether. It is then put in a hot biniodide solution, or it may be sterilized, after boiling in water, by an ether and iodoform solution. It is then dried between layers of aseptic cheese cloth, and wound on spools which are also equally protected. The spools are placed in aseptic boxes. The boxes are connected with the glass drainage tube by a connecting rubber tube which conveys the wicking. This connecting tube is about fifteen inches long, to allow the spool to lie by the side of the patient in bed. A double fold of iodoform gauze can be used in place of the tubing. Dr. Hyde's method of using the above is to pass the drainage tube through a piece of rubber gauze, which encloses the box containing the strip of wicking. The tube is then inserted and the suturing of the wound completed. A dressing of iodoform, cotton, etc., is placed on the wound and abdomen. The rubber gauze is then allowed to unfold and lay over the whole, so that the opening of the tube is above everything else. Over this a little iodoform gauze is thrown, and a binder applied with an opening sufficient to admit the tube. To avoid the absorption of fluid into the spool, the nurse is instructed to draw out, every hour or two, a few inches of the wicking very slowly, without disturbing the point of the tube in the wound.




This is a cut of the tube with a roll of gauze.

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**New Method of Closing the Canal in Radical Operation for Inguinal Hernia.**—Harold Graff (*Annals of Surgery, May, 1894*) publishes his new method of closing the canal in radical operation for inguinal hernia. His operation is a Macewen's and Lucas-Championnière's, with the exception of the method of suturing the canal. His method is the adaptation of Lembert's intestinal suture for this particular purpose. The suture is placed vertically to the direction of the strongest fibers on each side of the canal, instead of parallel with them, as in the Macewen's and Lucas-Championnière's. His suture inverts the flaps, instead of superposing or everting them. Thereby, broader fibrous surfaces are brought in contact with each other. Dr. Graff prefers medium sized silk to catgut. The cases thus far operated upon are too recent and too few to demonstrate its ultimate results.

**A Case of Implantation of Ureter into the Bladder.**—Reported in a paper read before the Philadelphia Academy of Surgery, by Charles B. Penrose, M. D.—The patient was a white woman, forty years old, who had a scirrhus cancer of the cervix uteri. The growth extended as high as the internal os, and infiltrated the left broad ligament in a dense hard mass, to a distance of about one inch from the cervix, without involving the vagina or obstructing the ureters. Coeliotomy was performed July, 1893. The uterus was cut away at the vaginal junction. The left ureter passed through the infiltrated mass. Its distal end was ligated with silk; the vagina was closed; the peritoneum was sutured over the seat of operation as much as possible; and the proximal portion of the ureter was then implanted into the bladder. An incision was made, antero-posteriorly, in the body of the bladder, somewhat less than one-half an inch in length. A needle, armed with fine silk, was passed through the bladder wall, from without in, at a point about one-third of an inch from the edge of the incision on the right, and brought out through the incision. It was then passed through the right wall of the ureter, close to the extremity, carried back through the incision in the bladder, and passed through the bladder wall from within out, close to its point of entrance. A similar suture was passed on the left side of the wall of the divided ureter. By traction on the sutures, the ureter was then dragged into the bladder and held in this position by tying the sutures. The loose peritoneum which formed a partial investment to the ureter, was drawn down, and sutured to the peritoneum of the bladder by a continuous silk suture around the line of union of ureter with the bladder. The abdomen was closed without drain. A soft rubber catheter was introduced through the urethra, and was retained for three days. The patient made an unusually easy recovery. There were no symptoms of bladder or renal disturbance. The quantity of urine passed was as follows: Ten ounces during the first twenty-four hours; twenty-six during the second; twenty-two during the third; and thirty-eight during the fourth. She left the hospital twenty days after the operation. Four months after the operation she felt perfectly well, and was doing her own housework. About two months later pain appeared in the right iliac region due, perhaps, to a recurrence of the disease. No symptoms of disease of the urinary organs have appeared since the operation. The clinical and



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experimental researches of Van Hook, the successful cases of Nussbaum, H. A. Kelly, Penrose and others, have given this method of implanting the ureter into the bladder or into the distal end, instead of passing it out through the loin, a permanent place in surgery.

**Appendicitis Obliterans.**—Dr. N. Senn, of Chicago, (*Journal of the American Medical Association, March 24th*) publishes an article on this subject, and gives the following conclusions: 1. Appendicitis obliterans is a comparatively frequent form of relapsing inflammation of the appendix vermiformis. 2. It is characterized by progressive obliteration of the lumen of the appendix, by the gradual disappearance of the epithelial lining and glandular tissue, and the production of granulation tissue from the submucous connective tissue which, by transformation into connective tissue and cicatricial contraction starves out remnants of glandular tissue, and finally results in obliteration. 3. The obliterating process manifests a progressive tendency, and may finally result in complete destruction of all glandular tissue and obliteration of the entire lumen. 4. The incipient pathogenic changes occur either in the mucous membrane of the appendix, in the form of superficial ulceration, or as an interstitial process following lymphatic infection. 5. The most constant symptoms which attend this form of appendicitis are relapsing acute exacerbations of short duration, moderate or no appreciable swelling at the seat of disease, and persistence of soreness and tenderness in the region of the appendix during the intermissions. 6. The process of obliteration may begin at the distal or proximal end, or at any place between, or it may commence simultaneously, or in succession at different points. 7. Obliteration on the proximal side gives rise to retention of septic material which finds an outlet through the lymphatics, giving rise to non-suppurative lymphangitis and lymphadenitis. 8. Circumscribed plastic peritonitis is an almost constant concomitant of appendicitis obliterans and hastens the process of obliteration. 9. Complete obliteration of the lumen of the appendix results in a spontaneous and permanent cure. 10. In view of the prolonged suffering incident to a spontaneous cure by progressive obliteration and the possible dangers attending it, a radical operation is indicated and should be resorted to as soon as a positive diagnosis can be made.

**Hypnotism** as a curative and in surgical operations, by a scientific professional, with physicians as references. Illustrated book, $1. Pamphlet, 10 cents. Address,

PROF. ANDERSON, Masonic Temple (M. F. 9.), Chicago.



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# Facts and Fancies

The Sixty-sixth Congress of German Scientists and Medical Men will take place this year at Vienna toward the end of September.

At the University of Berlin the government expends over fifty thousand dollars in the annual support of six laboratories, in addition to the salaries of the professors.

"There is more pleasure in giving than receiving," was the proverb that a mother was trying to instil into a youthful mind. "That's true about castor oil, mother," was the answer she got.—Tit-Bits.

Among the recipients of honorary degrees from the University of Halle on the occasion of the bicentenary of its foundation, was MR. VICTOR HORSLEY, on whom the honorary degree of Doctor of Medicine was conferred.

The Illinois state board of health has notified the various presecuting attorneys of that state to prosecute all itinerant venders of medicines, nostrums, etc., and a vigorous warfare will at once commence against them.

The cost of a medical education, according to The Hospital, is in London four hundred to five hundred dollars a year for five years, plus seven hundred to one thousand dollars in fees, making a total of two thousand five hundred to three thousand five hundred dollars. In New York or other large American cities it would be six hundred dollars for three years, and three hundred dollars for fees.

**Professor Billroth's Widow—**

The Emperor of Austria has granted to the widow of the late Professor Billroth a yearly pension of 2,000 florins. This is to be interpreted as a mark of special favor, because according to the law of Austria the pension allowed to widows of professors is only of 600 florins. As the distinguished surgeon is understood to have left little or no private fortune, the emperor's grateful act has given general satisfaction.

DR. LOUIS HOUGH has resigned as Assistant City Physician and the Board of Health has approved the nomination of DR. GEORGE L. KEARNEY to succeed him.

PROFESSOR W. W. KEEN, of Jefferson Medical College, Philadelphia, has been appointed by President Cleveland as a member of the Board of Visitors at West Point Military Academy.

PROFESSOR FLUCKIGER, the celebrated pharmacologist, who lately resigned his chair at Strassburg and was named professor emeritus, is making an extended tour through the United States.

DR. A. L. LOOMIS says: "Every distinct advance, every established principle, and every universally accepted law of medical science has been in the past and will be in the future the direct if not the immediate result of animal experimentation."

SIR SPENCER WELLS has been elected a Fellow of the Hungarian Academy of Sciences, the highest scientific honor obtainable in Hungary, and a Foreign Corresponding Member of the Medico-Chirurgical Society of Bologna, "as having by teaching and practice done honor to medicine and surgery."

PROFESSOR DELAFIELD says that the most efficient treatment for simple jaundice seems to be the use of ice water enemata. A quart of ice water is to be slowly introduced into the rectum, retained for ten minutes, and then passed. This should be done once or twice a day.

**A Hopeful Candidate—**

A late applicant before the Texas Examining Board was asked: "What is histology?" "Histology is the history of medicine."

"What system of medicine do you practice?" "The Vanderbilt and St. Louis systems, and sometimes the homeopath system."

"What is the homeopath system, as you call it?" "Sweatin' the patient."



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# Medical Melange

**Extraordinary Temperature—**

M. CH. RICHET, at a recent meeting of the Biological Society, called attention to a remarkable case of hyperpyrexia observed in Sicily. The patient was a woman suffering from intermittent fever. While the morning temperature was no higher than 39 degrees C. (102 degrees F.), in the evening it ascended to 45 degrees°C. (113 degrees F.) as observed by Professor Caparelli, of Catania. Upon two different occasions it even rose to 46 degrees C. (114.8 degrees F.). The utmost care was taken to avoid deception. Moreover under the influence of quinine the temperature fell to 36 degrees C. (96.8 degrees F.). When the drug was suspended the mercury rose to 46 degrees C. After a fresh exacerbation of longer continuance the temperature fell to normal and the patient recovered.—La Medcine Moderne.

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**Mortality from Tuberculosis—**

M. LAGNEAU, from a comparison of many European statistics, has tabulated these results: 1. That the occupations which expose the person to dust, whatever they are, predispose to tuberculosis to a remarkable degree; e. g., according to Swiss statistics, 10 per cent of stone cutters die of it. 2. Those who follow sedentary occupations are more disposed to tuberculosis than others. According to English and Italian statistics, of students and young clergymen, 459 in 1,000 die of tuberculosis. 3. Printers in England and lithographers in Italy to the number of 300 to 400 in 1,000 die of it. 4. On the other hand, people who live in the open air have almost entire immunity from the disease; this is the case with shepherds, farmers and boatmen; only one or two in 1,000 having it, according to Swiss records. M. LAGNEAU has also examined the subject with reference to the effect of habitat and density of population. In France, sanitary statistics in regard to 662 cities show that the more the population is crowded, the more seriously are they attacked by tuberculosis. In 95 towns of less than 5,000 inhabitants, only 181 in 1,000 die from pulmonary affections; 33 towns with from 5,000 to 10,000 people lose 216 in 1,000; 127 towns with 10,000 to 20,000, 271 in 1,000; 50 towns with 20,000 to 30,000, 288 in 1,000; 11 towns with 100,000 to 430,000, 363 in 1,000; Paris with its 2,424,705, 490 in 1,000. The progression is regular and needs no commentary; but it is a question if contagion, increased as its dangers are in crowded localities, is not sufficient to account for the statistics. Contagion as the first cause, aggravated by the profession and the habitat as accessory causes. These seem to be the summing up of science upon the subject.—Revue Scientifique.

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**The Gouverneur Hospital of New York—**

The sum of $200,000 has been appropriated for the construction of additional buildings.

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**Dr. Brown-Sequard's Orchitic Fluid—**

The death of DR. BROWN-SEQUARD has served to revive in some minds an interest in his orchitic fluid, in which the great physician had himself much hope. The Lancet in a recent number publishes some significant notes upon experiments with the fluid made by Dr. Guy M. Wood and Dr. A. J. Whiting, both physicians to the Hospital for the paralyzed and epileptic, Queen's Square London. The fluid was obtained directly from Paris, through Dr. Brown-Sequard's personal kindness. The injections were hypodermic, made with a Koch syringe, kept aseptic in absolute alcohol. The dose was from one gramme of the fluid to six grammes, and in all but three cases, diluted with an equal quantity of water. Except when the doses were large, no immediate effects were perceptible. In those cases some pain was felt at the point of injection. Twenty-three patients were treated. In eighteen cases there was no change from the treatment; three patients were slightly better; two were worse.



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At the beginning of the observations several patients said they felt better after the injections. At the suggestion of Dr. Buzzard, two women were given daily injections of two grammes of distilled water only, for three weeks. Both the patients declared that they felt decidedly better after each treatment, though of course there was no change in the physical condition. The physicians, therefore, conclude that in all the cases treated, the sensation of being better was due to the mental effect of the injection and not to the orchitic fluid, and they do not think that the results obtained warrant any further trial of the remedy.—Scientific American.

**Sugar to Produce Muscular Work—**

The subject of sugar as a food producing muscular power was discussed last winter before an English society by Dr. Vaughan Harley. From a brief summary of his paper, given in Nature, we make the following extracts: During a twenty-four hours' fast, on one day, water alone was drunk; on another, 500 grammes of sugar was taken in an equal quantity of water. It was thus found that the sugar not only prolonged the time before fatigue occurred, but caused an increase of 61 to 76 per cent in the muscular work done. In the next place the effect of sugar added to the meals was investigated. The muscle energy producing effect of sugar was found to be so great that 200 grammes were added to a small meal increased the total amount of work done from 6 to 39 per cent. Sugar (250 grammes, about 8 ounces) was now added to a large mixed meal, when it was found not only to increase the amount of work done from 8 to 16 per cent, but increased the resistance against fatigue. As a concluding experiment, 250 grammes of sugar was added to the meals of a full diet day; causing the work done during the period of eight hours to be increased 22 to 36 per cent. —Scientific American.

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**Trichinosis—**

DR. P. CERFONTAINE has recently made a study of trichinosis during an epidemic of this disease in Belgium. His researches showed that during the first two periods the cysts are destroyed in the stomach in which the larval trichinae either live for some time or they pass at once to the small intestines. Here they grow, and fecundation is effected on and after the second day of infection; the males of a slag of varying length in the intestine are expelled with the feces. In the female the development of larvae commences immediately after fecundation. The embryos begin to be set free about the sixth day of infection. Dr. Cerfontaine then states a fact which we believe to be new, that a certain number of the females penetrate into the wall of the intestines, and even into the mesentery; these have more chance of infecting the organism than those which remain in the intestinal canal, since their embyros cannot be expelled with the feces. It is probably by means of the lymphatic systems that the parasites first make their way into the tissues of their host. We have not before noticed any observations showing that adult trichinae penetrate the tissues of their host, and if confirmed, will explain some phenomena relating to trichinae for which we have hitherto found no explanation. It certainly explains the violence of the gastro-intestinal troubles which often characterize the beginning of the malady.

In continuation of this subject, we notice also that Dr. Sawtschenko has made a study of the propagation of disease by flies, and found that when fed on cholera corpses that the cholera bacteria were found in their excrement and that they lost none of their virulence during the transit through the fly's intestines. The doctor concluded from these experiments that flies not only serve to spread disease infection directly, but that each patch of excrement must be reckoned as a further centre for the extension of disease.—Medical Record.

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**Some of the New Hypnotics for the Insane—**

DR. GRANGER, in a paper read at a meeting of the New York Neurological Society, said that those drugs were the best hypnotics, which act first and strongest upon the cortex, dulling the



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sensibilities and lessening voluntary muscular activity, and which influence but little the vascular system and blood pressure. Among the newer hypnotics he mentioned bromal hydrate; he said it was more dangerous than chloral and of but little value. Chloralamid he considered less depressing than chloral, although serious collapse had followed its use. It produces quite refreshing sleep, with no unfavorable after effects. It is not so certain in its action as chloral and it does not act so promptly. The dose is from 30 to 45 grains. It is useful as an alternative to the other hypnotics. Chloral-ammonia, in doses of from 15 to 30 grains, is said to be non-depressive, and considered a good hypnotic. Hypnal has the reputation of uniting the analgesic effects of antipyrin and the employment of opium is contraindicated. The dose of the drug is from 15 to 30 grains. Urethan, which belongs to the ethyl group, is useful in the milder cases of insomnia and for 20 to 40 grains. Somnal is an alcoholic solution of chloral and urethan, and of little value. The dose of somnal is 30 grains. Paraldehyde cannot be classed among the newer drugs. It is the only drug, aside from chloral in hypnotic power. These three hypnotics are valuable in all cases of insomnia. Sulphate of duboisin is used as a substitute for hyoscin. It has been said to give more natural sleep and to be less depressin. Sulphonal, tetronal and trional are so closely related that they may be considered together. The first mentioned has marked hypnotic power and seemed, in ordinary doses, to be safe. Its long continued use was, however, dangerous to health. Its action is often slow; it seems to be precipitated in the stomach unless quickly absorbed. Its effect is frequently long continued, the second dose often acting better than the first. It appears to be of little value where sleeplessness is associated with pain. Trional and tetronal are true hypnotics, but alike in many respects to sulphonal. They are less powerful than chloral.—Occidental Medical Times.

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DR. KOROSI finds that the healthiest offspring are born of mothers between twenty and thirty years of age, united to husbands between thirty and forty.

**The Surgical Use of Cocaine—**

DR. MERRILL RICKETTS says, respecting the use of coacine in surgery:

Solutions should not be made except at time of operation. Cold water solutions will add materially to the good effects of the cocaine.

An operator should accustom himself to but one kind of cocaine, and confine himself to that.

The operator should prepare the solution himself and not entrust it to an assistant.

Only small amounts should be used, especially in the young, the old, and in highly nervous persons, and in operations upon the face, head, and neck.

Operations should be made as soon as possible after the area has become anesthetized, that as much as possible of the solution may escape through the wound and thus not enter the general circulation.

The finest needle should be used, and its length should be sufficient to traverse the line of incision intracutaneously with but one puncture.

Intra-cutaneous and not subcutaneous injections should be made because there is less of the drug absorbed and because there is no pain to result from cutting tissue beneath the integument.

The nearer the injection is to the end of the member the less is the amount of absorption.

The prepuce, fingers, toes, hands and feet can be constricted in such a way as to prevent to a considerable degree the entrance of the solution into the general circulation.—Lancet.

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**The Cause and Prevention of Neuralgia Amputation Stumps—**

WIZEL holds that neuralgia after amputation is not caused, as is generally supposed, by the formation of neuromata at the ends of the divided nerves. He states that if such were the case it would be necessary to lay aside the amputating knife. The neuralgic pains, he believes, are due to adhesion of the neuromatous swelling to the end of a bone. In order that its functions may be properly performed a nerve should move freely in its sheath. The structural elements which serve the special functions of a nerve are during life extremely delicate and almost fluid. The ordinary movements, therefore, of



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an adjacent joint if these nerves had no longer free range of movement in the direction of their long axis. In two cases of neuralgia after amputation in which Wizel had opportunities of dissecting the stumps he found thick neuromatous swellings at the ends of the divided nerves, which were bound down by tough cicatrical tissue to the ends of the bones. It is evident that during movements of the stump at the nearest joint the fixed nerves must be stretched, those on the flexion side during entension and those on the extension side during flexion. In neuralgia caused by confinement of a nerve in a mass of callus the pain, it is held, is due to the prevention of the nerve's movement and not to its compression. As a preventive treatment Witzel recommends that in every amputation as much attention should be paid to the nerves as to the large arteries, and that the former should be pulled away from the flaps and divided high up. Attention should be particularly directed to this precaution in cases of amputation at the ankle and shoulder.—Epitome, British Medical Journal.

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**Bromoform in Whooping-Cough—**

H. B. CARPENTER has used bromoform in several cases of whooping-cough with goods results, but in others it seems to have little effect. He says the good effect of the drug is, partly at least, due to its acting as a local anaesthetic upon the pharyngo-laryngeal mucous membrane. It moderates the violence of the paroxysms, and diminishes their frequency, often stopping the vomiting in twenty-four hours, and in many cases it shortens the duration of the disease. Bad effects are rarely seen, and never from small doses. Large doses have made the child stupid and drowsy, and sometimes narcosis has been produced, but the patient was easily revived. The symptoms of poisoning have been pallor, coma, heart failure, and collapse. The remedy is given in 1 to 5-drop doses three or four times daily—a child of 1 year receiving 1 to 2 drops three times a day; a child from 2 to 4 years of age, 2 to 4 drops three or four times a day; and a child from 5 to 8, 4 to 5 drops four times a day, according to the number and frequency of the attacks. Bromoform is usually given dropped on sugar or in water; care must be taken that the pearly drops floating about in the water are swallowed. The drug is not, however, easy to drop, and if the attendant cannot be trusted to drop it, it may be given in the following manner: R bromoform dose xlviij, alcohol ounce iv, tr. cardam. co. ad. dram iij—1 drachm of this mixture to be given thrice daily in water. If the administration of bromoform be discontinued too soon, relapses may occur. Three illustrative cases are given in detail.—British Medical Journal.

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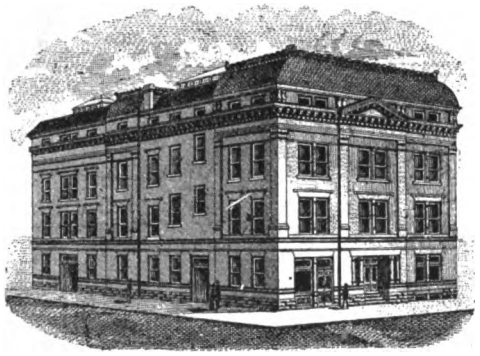

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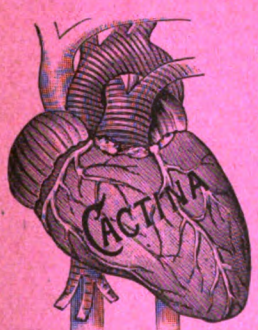


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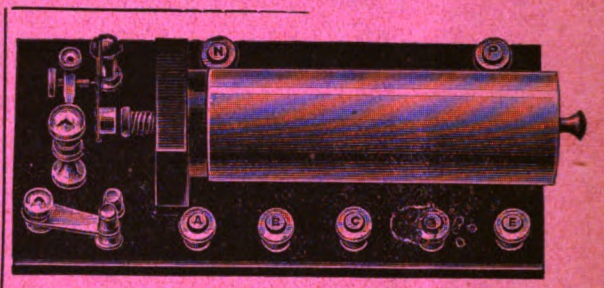

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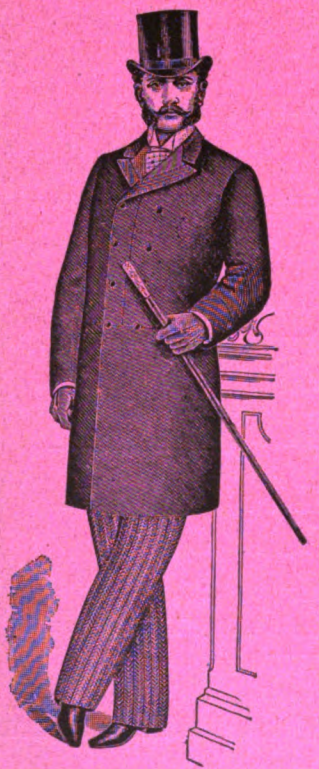

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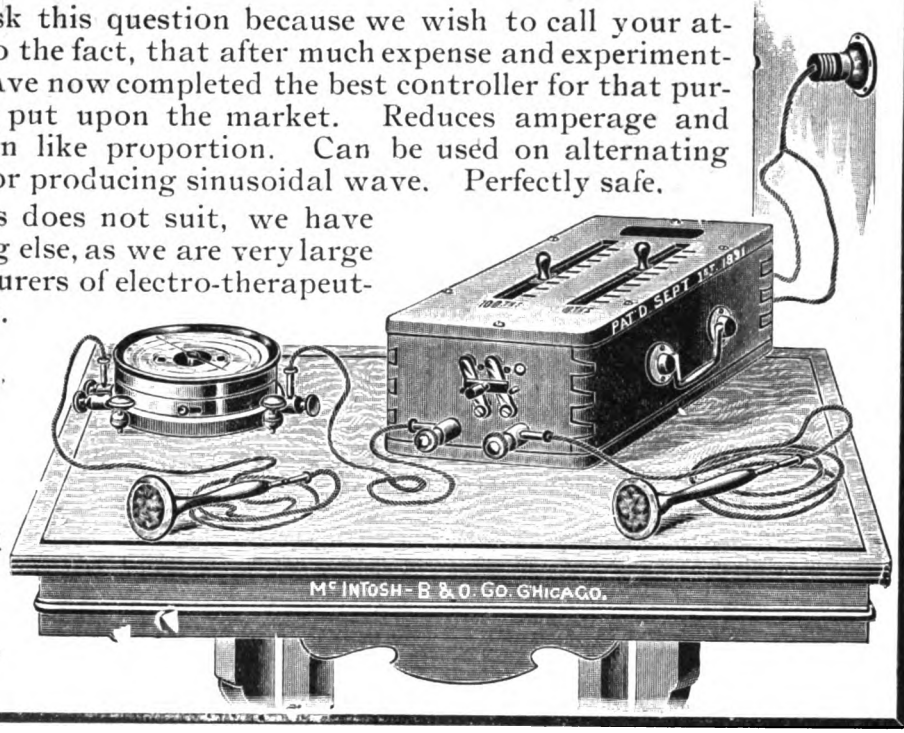


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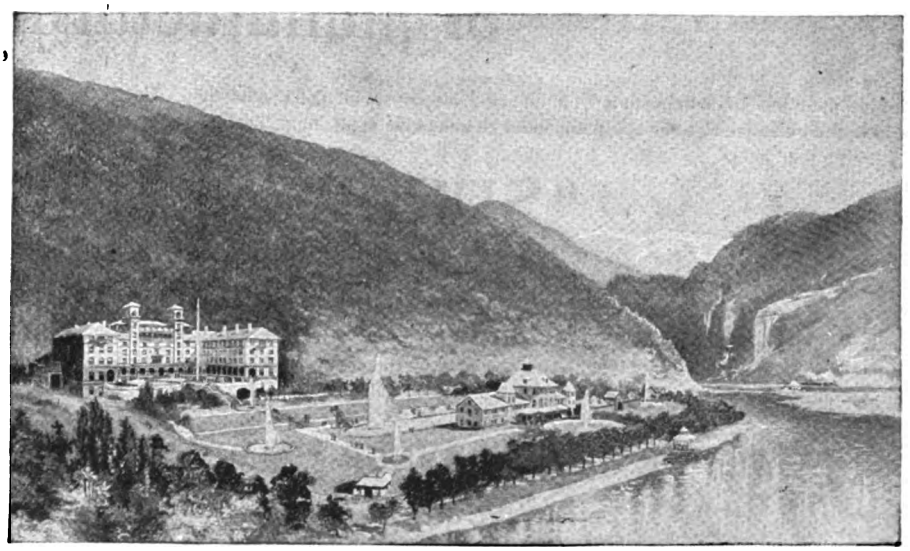

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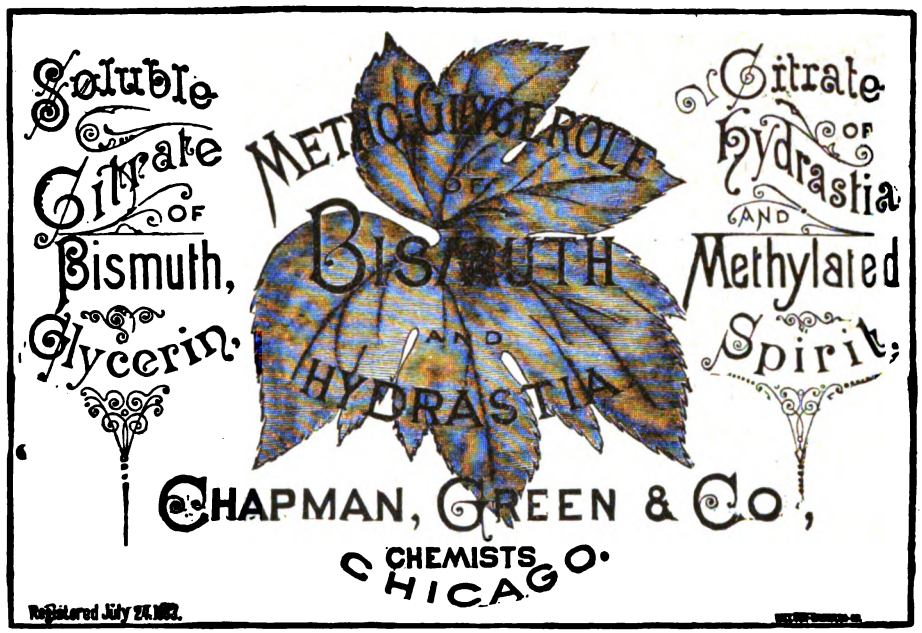


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To any reader of the Medical Fortnightly who will return to us this Coupon, with his name and address legibly written thereon, we will furnish, postage paid, specimens of Soluble Elastic Capsules of Salol Compound, also of Quinine—the means **par excellence** for the administration of Quinine.

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*Street No.*.....

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